

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006441

STATE FILE NUMBER

AMENDED

Registration District No.

FILED MAR 7 1962

Primary Registration District No.

1002

Registrar's No.

1035

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Graham Asher

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 40 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 40 East 53rd,		d. STREET ADDRESS (If outside, give location) 40 East 53rd,	
3. NAME OF DECEASED (Type or print) First Middle Last Chester Winthrop Cantrell		4. DATE OF DEATH Month Day Year Feb. 18 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/17/91
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Casket Co. & Real Est.	
11. BIRTHPLACE (City and state or country) New York		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Florent Cantrell		13b. MOTHER'S MAIDEN NAME Elizabeth Hill	
14. NAME OF HUSBAND OR WIFE Julia Cantrell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Winthrop Cantrell Lee's Summit Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. Enter only cause caused by: IMMEDIATE CAUSE (a) Terminal Ventricular Fibrillation 1 hour -		INTERVAL BETWEEN ONSET AND DEATH 1 hour - 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute and chronic myocardial dysfunction -		DUE TO (c) General Vascular Sclerosis -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic Hypertrophy and Bladder Distention		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec. 18 - 1962 to 2 - 18 - 1962 and last saw him alive on Jan. 28 - 1962		Death occurred at 10 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Graham Asher M.D.		22b. ADDRESS 1220 Ruppert Blvd. Kansas City Mo.	
22c. DATE SIGNED 2/19/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 2/19/62		23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cem.	
23d. LOCATION (City, town, or county) Lee's Summit Mo.		24. FUNERAL DIRECTOR Langsford Funeral Home	
25. DATE RECD. BY LOCAL REG. 2-21-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W B Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.